## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

. Circ	ctive Octob	Der 1, 20	003			1		lΟ	049-	70 C/
CLAIMS A	S FILED -			luma (I)			ENTITY		ОТН	ER THAN
TOTAL CLAIMS	Column	1 1	100	lumn 2)				0		L ENTIT
FOR				<del>.</del>	1	ATE	FEE		RATE	FEE
	NUMBER	FILED	NUM	BER EXTRA	BAS	SIC FE	E 385.0	00 0	R BASIC F	EE 770.0
TOTAL CHARGEABLE CLAIMS	min	nus 20=	*		X	\$9=		01	3 X\$18=	
NDEPENDENT CLAIMS	<u> </u>	nus 3 =	*		×	 43=	<del> </del>		\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	<del></del>
MULTIPLE DEPENDENT CLAIM F	RESENT						<del> </del>	— OF	7,002	
If the difference in column 1 is	less than ze	ro, enter '	"0" in	Column 2	<u> </u>	45=	<u> </u>	OF	+290=	
CLAIMS AS A				COIGITIII Z	TC	TAL	<u></u>	OF	R TOTAL	
(Column 1)	MICHUED	- PARI _(Colum		(Column 3)	SM	ΔΙΙ	ENTITY	OR		RTHAN
CLAIMS		HIGHE	ST			766	ADDI-		SMALL	ENTITY
3 W AFTER AMENDMENT		PREVIOU PAID FO	JSLY	PRESENT EXTRA	RA	TE.	TIONAI FEE		RATE	ADDI- TIONA FEE
Total * //	Minus	** 20		=	X\$	9=		OR	X\$18=	
FIRST PRESENTATION OF MI	Minus  JLTIPLE DEPE	ENDENT (	CLAIM	[ ]	X4	3=		OR	X86=	1
					+14	5=		OR	+290=	
					To ADDIT.	OTAL	· · · · · · · · · · · · · · · · · · ·	OR	TOTAL ADDIT. FEE	
(Column 1)		(Column		(Column 3)	7.0011.	1 1		_		<b></b>
REMAINING AFTER AMENDMENT  Total   Independent   *		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE:	ADDI- TIONAL FEE
Total *	Minus	**		=	X\$ 9	9=		OR	X\$18=	
Independent *		***		= .	X43	_		1 1		
FIRST PRESENTATION OF MU	LTIPLE DEPE	NDENT C	LAIM			-		OR	X86=	
	•				+145			OR	+290=	
					TO I .ADDIT. į	TAL EE		OR A	TOTAL DDIT. FEE	
(Column 1)	<del></del>	(Column HIGHEST		(Column 3)		•		•		
REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA	RATI	Ξ  Τ	ADDI- IONAL FEE		RATE	ADDI- TIONAL
Total *	1inus +	*		=	X\$ 9:	7		<b>-</b>	V640	FEE
	i	**		=	<b> </b>			OR	X\$18=	
FIRST PRESENTATION OF MUL	TIPLE DEPEN	IDENT CL	AIM		X43=			OR	X86=	
f the entry in column 1 is less than the	entry in oatr-	O			+145=	=	(	OR	+290=	
the mighest number Previously Paid	For IN THIS SE		a than 1	20021 00	TOT.	AL .	. (	⊶ ⊃R <sub>∧r</sub>	TOTAL	
If the *Highest Number Previously Paid The *Highest Number Previously Paid F	FOR IN THIS ST	DACE in Inc.	~ 41 1			t		AI	DIT. FEE <b>L</b>	

9	OF ENT			•		•		Application	n or C	Docket Nu	mber	7
	STATENT	APPLICATION Effect	ON FEE Date			ion reco	RD	15/15	49	704		
7		CLAIMS A	S FILED (Column			umn 2)	SMALL I				RTHAN	1
T	OTAL CLAIMS		100.000		1001	0110(2)	RATE	FEE	OR	RATE	FEE	
F	OR		NUMBER	FILEO	NUM	BER EXTRA	BASIC FE	<del>-1 , , , , , =</del>	1,,	BASIC FE		-
TO	TAL CHARGE	ABLE CLAIMS	15 mi	nus 20=	•		X\$ 9=	117	1			1
INDEPENDENT CLAIMS			3 minus 3 = *					OR			-	
M	JLTIPLE DEPE	NDENT CLAIM P				X42=		OR	X84=		4	
• 14	* If the difference in column 1 is less than zero, enter "0" in column 2					+140=		OR	+280=		`	
- 11			•			cotumn 2	TOTAL	445	OR	TOTAL		
	C	(Column 1)	AMENDE	(Colum	nn 2)	(Column 3)	SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ş	Total '	• 15	Minus '	* 2	2	=	X\$ 9=		OR	X\$18=		
AME	Independent	• 3	Minus	**** 3	<b>&gt;</b>	=	X42=		OR	X84=		1
L	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		+140=		1	+280=		
	i						TOTAL		OR	TOTAL		•
	12/1/0	(Column 1)		(Colur	nn 21	(Column 3)	ADDIT. FEE	<u> </u>	OR	ADDIT. FEE	<u> </u>	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER XUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ş	Total	· 15	Minus	· 2	٥.	=	X\$ 9=	•	OR	X\$18=		
WE.	Independent	• 3	Minus	***	3		X42=		OR	X84=		
Ľ	FIRST PRESE	NTATION OF MU	JETIPLE DEF	PENDENT	CLAIM		+140=		0.7	+280=		
	2/18/05	(Column 1)		(Colum	- O	(Column 3)	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		·
AMENDMENT C		CLAIMS - REMAINING AFTER AMELIDMENT		HIGHE NUME PREVIO PAID F	ST ER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TION/L FEE	
NOX	Total	. 18	าเล็กบร	- 2	)	=	X\$ 9=	•	OR	X\$18=		ر ،
AME		• 4	Minus	444	3	- /	X42=		OR	X84=	Œ!	700,5
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM				1		37	Ψ
		nn 1 is less than th					+140=		OR [	+280=	CAJ	wo.
***	f the "Highest Nut	nber Previously Pa mber Previously Pa ber Previously Pak	id For IN THI	S SPACE IS	less that	n 3, enter "3."	ADDIT. FEE		-	DDIT. FEE	XY	0

Date August 16, 2005

Complete If Known

PTO/SB/17 (12-04/2)

Approved for use through 07/31/2006. CMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Name (Print/Type) Daniel A. Monaco

A Consolid	Application Num	ber 10/0	049,704							
FEE TR	Filing Date	May	May 12, 2002							
Fo	First Named Inve	entor Cam	ilo Anthony	yn Cola						
Appliaget status	andth and an	Soc 37 CER 4 2	<del>,                                    </del>	Examiner Name	Jenn	ennifer E. Graser				
Applicant claims small	entity status	5. See 31 CFR 1.2		Art Unit						
TOTAL AMOUNT OF PAY	MENT (\$	905		Attorney Docket	No. 8830	-25				
METHOD OF PAYMEN	T (check al	that apply)		•						
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 50-0573  Deposit Account Name: Drinker Biddle & Reath LLP										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s						ated below, e	xcept for t	he filing fee		
			nts of fe		• • •	·		•		
Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
information and authorization	on PTO-2031					····				
FEE CALCULATION										
1. BASIC FILING, SEAI	RCH, AND FILING			RCH FEES	EXAMINA	TION FEES	;			
A 17 47 To		Small Entity		Small Entity		mall Entity		s Paid (\$)		
Application Type Utility	Fee (\$) 300	<u>Fee (\$)</u> 150	Fee (\$	250	200	Fee (\$) 100	فظبة	O I MM IS		
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0				
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues)  Small Entity Fee (\$) 50 25										
Each independent cla	aim over 3	(including Reiss)	æs)			200	100			
Multiple dependent		Fac (A)	F	o Dold (8)		360	180 Dependent			
<u>Total Claims</u> - 20 or HP =	Extra Clai	ms <u>Fee (\$)</u> x	= -	e Paid (\$)		Fee (\$)		Paid (\$)		
HP = highest number of total		or, if greater than 20.	Fe	e Paid (\$)			_			
- 3 or HP = X = X HP = highest number of independent claims paid for, if greater than 3.										
<ol> <li>APPLICATION SIZE FEE         If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50     </li> </ol>										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets   Mumber of each additional 50 or fraction thereof   Fee (S)   Fee Paid (S)    -100=   /50=   (round up to a whole number)   x										
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)										
Other (e.g., late filing surcharge): Fee for 3-month extension of time; and Fee for RCE 905										
SUBMITTEO BY										
Signature 9		4-		Registration No.	30,480	Teleph	none (215) !	988-3312		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiatity is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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